

POST FALLS JUNIOR TACKLE ASSOCIATION

APPLICATION FOR COACHING POSITION

Last First Middle

Social Security No: _____ DATE OF BIRTH: _____ DL # _____

ADDRESS: _____

If less than one year at present address, please list former address: _____

HOME PHONE: _____ WORK PHONE: _____

GRADE PREFERRED: _____ HEAD COACH: _____ OR ASSIST. COACH: _____

COACHING EXPERIENCE: _____

(Include formal experience/training as a coach) _____

If you have ever been employed/volunteered under a different name, please list name and dates.

Have you ever been convicted or pled guilty to a felony or a misdemeanor, including withheld judgments and forfeiture? Yes _____ No _____. If yes, please explain. _____

I understand that the Board of Directors assigns the following duties and responsibilities to Coaches and I agree to fulfill each to the best of my abilities:

1. I will be responsible for directing the Team during practices, at games, and all other functions the Team is involved in. I will be responsible for appropriate behavior of the Team in public places, while in the uniform, or any time the Team represents the Association.
2. I will model appropriate behavior, e.g. be courteous and display positive attitudes for my Team, opposing Teams, officials, and spectators.
3. I will attend tryouts and be responsible for the drafting of players.
4. I will be responsible for the Team discipline and safety.
5. I will promote and develop good sportsmanship and Team unity.
6. I will be responsible for all provided Team equipment and uniforms.
7. I will follow all approved Association rules and strive to become familiar with the State of Idaho High School Football Regulations. I will teach these rules to each Team member.
8. I will be responsible to inform all Team members of all dates and times of Team and Association functions.
9. I will be responsible to conduct a Parents/Coaches meeting, prior to the first game of the season.
10. I will avoid from using drugs, alcohol, and tobacco in the presence of my Team.

This agreement is subject to Board of Directors approval.

The Association will notify you, after the Board meeting, of which the coaching positions are filled.

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Please list two people who are not relatives and know you well enough to comment on your past coaching or character experience.

Name: _____ Phone #: _____
Name: _____ Phone #: _____

I certify that the facts contained in the application and its attachments are true, accurate, and complete to the best of my knowledge and understand that false or misleading statements or material omissions on this application or provided in interviews constitute grounds for denial of acceptance as a coach.

I understand that acceptance of a coaching position does not create an obligation upon the Post Falls Junior Tackle Association to continue to use me as a coach in the future.

I, _____, DO HEREBY AUTHORIZE any and all persons, agencies, and institutions to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be accepted as a Coach for the Post Falls Junior Tackle Association.

I further agree that any information obtained as part of a background investigation shall not be released to any person including myself without approval of the Association.

Signature: _____ Date: _____